



# Idaho State Board of Pharmacy

PO Box 83720 Boise, Idaho 83720-0067 | Phone: 208-334-2356 | Fax: 208-334-3536  
1199 Shoreline Lane Ste 303 Boise, Idaho 83702-9103 | <https://bop.idaho.gov> | [info@bop.idaho.gov](mailto:info@bop.idaho.gov)

## Idaho Pharmacist License by Reciprocity/License Transfer

### Idaho Board of Pharmacy e-Gov User Account

**New** - Applicants that **have never applied** with the Idaho State Board of Pharmacy review the following: Login Instructions; [https://bop.idaho.gov/wp-content/uploads/sites/99/forms/2019\\_05\\_28\\_Person\\_Registration\\_Instructions.pdf](https://bop.idaho.gov/wp-content/uploads/sites/99/forms/2019_05_28_Person_Registration_Instructions.pdf)

**Prior** - Applicants that **have applied or have been previously registered** with the Board of Pharmacy prior to 07/01/2018, Send an email to [info@bop.idaho.gov](mailto:info@bop.idaho.gov) for further assistance

### Resources

- NABP Application License Transfer e-LTP - see information below
- Idaho Board of Pharmacy Online Application Requirements- see below
- Idaho PDMP – Online Registration Requirement
- Idaho Law regarding reporting changes to the Board - see below
- Applicable Idaho Code & Rules <https://bop.idaho.gov/pharmacy-code-administrative-rules/>

### NABP License Transfer e-LTP Application

Applicant must register with NABP and apply online for license transfer. Go to address: <https://nabp.pharmacy/>

**Important Note:** New graduates that are applying for a Score Transfer into Idaho, should not apply for license transfer. e-LTP is only suitable for those pharmacists with an existing license.

### Idaho Board of Pharmacy Online Application Requirements

- **Current government issued photo ID** – Upload a legible copy of a driver’s license or passport
- **Idaho Pharmacy Law Attestation form (see attached)** Upload the completed form
- **Non-Criminal Justice Privacy Statement & Fingerprint Card Options**– Applicants that are required to submit fingerprints, must read the Non-Criminal Justice Privacy Statement.  
To review the statement & Fingerprint Card Option, refer to the Fingerprint Cards page on our website <https://bop.idaho.gov/fingerprint-cards/>
- **Fingerprint Card** - After submitting a completed online application, mail the completed fingerprints to our office to either of the addresses indicated above. Fingerprints must have been taken within 6 months of the date of application.

### Idaho PDMP Online Registration Requirement

**Initiate Registration Prescription Monitoring Drug Program (AWARxE)** - Idaho Code 37-2726(3) requires all pharmacists to be registered with the Idaho Prescription Monitoring Program (AWARxE) Use this link to initiate a registration with AWARxE. <https://bop.idaho.gov/idaho-pmp/> For the pharmacist license number, enter the word ‘pending’ & your date of birth (MM/DD/YY)

### Idaho Law regarding reporting changes to the Board

**Individual Information Changes.** Changes in employment or changes to information provided on or with the initial or renewal application must be **reported to the Board within ten (10) days of the of change**

#### Types of Changes that must be reported:

- **Home & Email address change** - Registrants must update via their e-Gov account. The email address provided is how the Board will mainly be contacting registrants/licensees
- **Employment Changes** – Use this link to report changes in Pharmacist in Charge - <https://bop.idaho.gov/facilities/> refer to the Out of State Pharmacy Forms section



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## Idaho Pharmacy Law Attestation Form

I certify under oath that I have carefully read and understand all Idaho laws pertaining to the practice of pharmacy in Chapter 17, Title 54, Idaho Code; Chapter 1, Title 37, Idaho Code; Chapter 27, Title 37, Idaho Code; Chapter 33, Title 37, Idaho Code; and IDAPA 27, Title 01.

Signed Under Penalty of Perjury, this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_.

\_\_\_\_\_  
Applicant Signature

\_\_\_\_\_  
Applicant Printed Name

Subscribed and sworn to before me this \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_ (Year)

Signature of Notary Public: \_\_\_\_\_

Notary Public in and for the State of: \_\_\_\_\_

Residing at: \_\_\_\_\_

Date Commission expires \_\_\_\_\_

(NOTARY S E A L)